If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example T	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	We see
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20. FILED July 2 , 1936

	1. PLACE OF DEATH County of Marys	2.5
	(If	No. death occurred in a hospital or institution, give its NA
	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?
	2. FULL NAME Janul ford Underas	N
	(a) Residence: No. (Usual place of abode)	St., Ward.
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
1	Male Black Single	(Month)
54	. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTI
-	(0), 1112.01	15 1936 - to
	DATE OF BIRTH (month, day, and year) October 12, 1914	I last saw have alive on
7.	AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
	8 Frade profession or particular	were as follows:
OCCUPATION	8 Yrade, profession, or particular find of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Py Imonary Lufer
PAT	9. Industry or business in which work was done, as SILK MILL, was had been as SILK MILL,	
CCL	SAW MILL, BANK, etc	
0	this occupation (month and 1936 spent in this 4 occupation	
1	BIRTHPLACE (city or town) Regran	Other Coutributory Causes of importance:
_	(State or country) Md	
FATHER	13. NAME Ignating Indusor	
FAT	14. BIRTHPLACE (city or town) Valley Ku (State or country)	Name of operation
HER	15. MAIDEN NAME Marg. Forvestt	Whet test confirmed diagnosis? 23. If death was due to external ceuses (VIOL ENCI
MOTH	7.00	Accident, suicide, or homicide?
×	(State or country) Ned	Where did injury occur?
1	(Address) Proposition and Indian	(Specify cit Specify whether Injury occurred in INDUSTRY, In
13	B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
_	Place St Richolas Cemelin Date grady 2, 1974	Nature of injury
1	UNDERTAKER Thomas Harris	24. Wes diseese or injury In any way releted to or
	(Address) Herry like hell	If so, specify

Registration Dist. No. 281	
NoSt.,	Ward
ath occurred in a hospital or institution, give its NAME instead of street and n	
ds. How long in U.S. if of foreign birth?yrsmo	sds.
St., Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
(Month) (Day)	(Year)
22. I HEREBY CERTIFY, That I attended	deceased from
15 19.36 , to July	, 19.6
// 5 ~	; death Is said
to have occurred on the date stated above, at 3,30 A m.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
	Date of onset
Pulmonary Jubirculosis	12/1/35
Other Coutributory Causes of importance:	
other coastacty cases of importance.	
Name of operation Date of	
Whet test confirmed diagnosis? Was there an a	
23. If death was due to external ceuses (VIOL ENCE) fill in also the following	
Accident, suicide, or homicide?	
Where did injury occur?	, 17
(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	e)
Specify whether injuly occurred in INDOSTRT, in NOME, of in PODLIC PLA	NCE.
Manner of Injury	
Nature of injury	
24. Wes disease or injury In any way releted to occupation of deceased?	
If so, specify	
(Signed) (Address) hat mills , hid	M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	- (Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis?	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	213-20
County Silver	Registration Dist. No. 286
Village or City Vania Grand	NoSt.,Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in sity or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME YEAR A HATOLIA	If U. S. Veteran, specify WAR
(a) Residence: No. mark 05 6 4 4	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	0 /
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the w	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
CONTROL MINTH (STANLES)	191 lest saw h alwon (e), 19.3 (e; death is sal
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS	00
45\ - 1day,	THE I RINGII AL CAOSE OF DEATH CHO I CHARGE CAUSES OF IMPORTANCE
R Trade profession or particular	flown a , - Data of onise
SAWYER, BOOKKEEPER, etc.	con dulat
9: Industry or business in which work was done, as SILK MILL, PALL RAM	
(1) 10 Date deceased last worked at 11 Total time (years)	
this occupation (month and spent in this occupation spent)	Other Coutributery Causes of importance:
12. BIRTHPLACE (city or town)	I le han tral
(State or country)	
13. NAME	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT / Light Charles Ingle (Address) 2 19 12 Tub Woods	(Specify city or town county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place V Date 7-6-,	19 J. 4 Nature of injury
19. UNDERTAKER En le La La Cal	24. Was disease or injury in any wey related to occupation of deceased?
(Address)	If so, specify
20 FILED 7 - 6 - 19 3 6 10 15 Calle	(Signed) AND M.
	strar. (Address) All the territory and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

IARGIN RESERVED FOR BINDING

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis **	3 days ago
Other contributory causes of importance:	the set A	Other contributory causes of importance:	111237
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

See instructions on back of certificate.

TION is very important.

of OCCUPA.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	7580

(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs	1. PLACE OF DEATH	(82£)
Village or City California Length of residence in city or town where death occurred	County It Marys	Registration Dist. No. 281
Length of residence in city or town where death occurred yes abode. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS S. SIX 4. COLOR OR RACE 5. SIXCIR, MARRIED, WIDOWED, OR, DYCRED (write the word) OR, D		No. St. Ward
2. FULL NAME Williams H Darmes (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS J. SIXX		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Commet he word) All Married, widowed, or divorced (co) WHE of (co)	16.00	To a long to occur of loterian antitices and its control of the co
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOVED, OR DIVORCED (waite the word) 4. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOVED, OR DIVORCED (waite the word) 5. S. It married, widowed, or divorced HUSAND 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOVED, OR DIVORCED (waite the word) 5. S. It married, widowed, or divorced HUSAND 6. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOVED, OR DIVORCED (waite the word) 7. AGE 6. DATE OF DEATH 7. AGE 8. DATE OF DEATH 7. AGE 8. DATE OF DEATH 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 8. DATE OF DEATH 7. AGE 7. AGE 7. AGE 8. DATE OF DEATH 7. AGE 7. AGE 8. DATE OF DEATH 7. AGE 8. DATE OF DEATH 7. AGE 8. DATE OF DEATH 9. DATE OF		
3. SEX Wall A COLOR OR RACE OR BYORKED comit he word) So. If married, widoword, or divorced HUSARD or (or) wife or (or		
Male Due & OR DYORCED Carrie the word) 5a. If married, widowed, or divorced HUSBANG with the Married Wight of Cory Wife o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) Wife of Whom 1846 6. DATE OF BIRTH (month, day, and yeer) Lunchroum 1846 7. AGE Years Months Deys If LESS than 1 day, hrs. or, min. Worlde, profession, or particular 1846 8. BATE OF BIRTH (month, day, and yeer) Lunchroum 1846 1. Talk 1 steeded above, at. 1936,	male Bluck OR DIVORCED (write the word)	July 26 ,1936
6. DATE OF BIRTH (month, day, and yeer) lunknown 846 7. AGE Years Months Deys II LESS than 1 day, has occurred on the date stated above, at 7127 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of enset were as follows: Date of enset 100 min. 100 mi	HUSBAND of	The state of the s
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of enset D	6. DATE OF BIRTH (month, day, and yeer) lenkingur 1846	
Date of enset Date of enset SANYER, BOOKKEPER, etc.		
SAVER, BOOKKEPPER, etc. 9. Indicative of women as SPINNER, Wood Chappears 10. Date deceased last worked et in this occupation (month and year) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place of Johnson Company 19. UNDERTAKER Manuary		Were as follows:
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER Mathematical Manner of injury Mere did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury Neture of injury In any wey related to occupation of deceased? 24. Was disease or injury In any wey related to occupation of deceased?	Trede, profession, or particular kind of work done, as SPINNER,	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Accordance of importance: 13. NAME 14. BIRTHPLACE (city or town) State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Was there en autopsy? 17. INFORMANT State or country) 18. BURIAL, CREMATION, OR REMOVAL Place of imjury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place of injury Manner of injury Neture of injury. 19. UNDERTAKER WM Mathematical occupation of deceased? 24. Was disease or injury In any wey related to occupation of deceased?	SAWYER, BOOKKEEPER, etc. Wood Charpeau	Cerebral bomboliam 7/24/26
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER Mathematical Manner of injury Mere did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury Neture of injury In any wey related to occupation of deceased? 24. Was disease or injury In any wey related to occupation of deceased?	work wes done, as SILK MILL, Cord wood	
Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town)	0. Date deceased last worked et this occupation (month and spent in this	
12. BIRTHPLACE (city or town)	year) occupation	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) Name of operation What test confirmed diegnosis? Was there en aulopsy?		
What test confirmed diegnosis? Was there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place of John (Address) 18. BURIAL, CREMATION, OR REMOVAL Place of John (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Was there en autopsy? Accident, suicide, or homicide? Date of injury, 19 (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any wey related to occupation of deceased? (Address)		-
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Where did injury occur? 17. INFORMANT Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place of foliary Date July 35,1936 Neture of injury 19. UNDERTAKER LAM Mattings 24. Was disease or injury in any wey related to occupation of deceased?		
Where did injury occur? 17. INFORMANT	The second secon	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Call forms, hid 18. BURIAL, CREMATION, OR REMOVAL Place of forms and State) Manner of injury Neture of injury 19. UNDERTAKER LAM Mattingful 24. Was disease or injury in any wey related to occupation of deceased?	State or country)	
Place It Johns Canaling Date July 25,1936. Neture of injury 19. UNDERTAKER LYM C Mattingley 24. Was disease or injury in any wey related to occupation of deceased? No		(Specify city or town, county and State)
19. UNDERTAKER Lym C Mattingley 24. Was disease or injury in any wey related to occupation of deceased? No.	111111111111111111111111111111111111111	
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20. FILED July 26, 1936 ABean Registrar. (Signed) (Signed) M. D. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	(Registrar.	(Address) Great Mills, md

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Cerebral hemorrhage	AUG 5 1936	July 5,1927	Peritonitis	3 days ago
D. C.	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	xample I		Example II	
The principal cause of dea of importance were as foll-	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MIC 5 136	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	IREAU V. S.	July 5,1927	Peritonitis	3 days ago
and the second second		9		
Other contributory causes	of importance:		Other contributory causes of importance:	7
Gallstones		May 1,1923	Gastroenteritis	1 year

in for	state UPA	1. PLACE OF DEATH	CERTIFICATE OF DEATH 1582
1		County DA MANUS	183)
) item of	should of	Village or City CONNATIV	Registration Dist. No.
*	of of	(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
H.vore	YSICIANS statement	endurid At Missel	ds. How long in U.S. if of foreign birth?yrsmosds
į.	ICI.		If U. S. Veteran, specify WAR
0	4 '	(a) Residence: Np. Appendix (Usual place of abode)	St., Ward. If nonresident give city or town and State
	. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NTR	TLY.	3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waste the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
NAN	C T sifie	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
NE	X A C	01.01-1912-	, 19, to, 19,
PERM	E ate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Devs If LESS than	I last saw h; death is seh
J. A	stated E properly certificate	13 2 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
F 7	stat prop certi	Z 8. Trade, profession, or particular	were as follows:
ED	be of	kind of work done, as SPINNER. SAWYER, BODKKEEPER, etc	A CARTINIAN NAMANUMA
7 T	ould may back	kind of work done, as SPINNER. SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
N. Y.	sh it it	10. Date deceased ast worked at this occupation (month and 17 3/2 spent in this yeer)	
7 S	AGE that	yeer)	Dther Coutributory Causes of Importence:
ADIN	so ucti	12. BIRTHPLACE (city or town)	
15. V	supplied. AGI n terms, so tha ee instructions	E 13. NAME MANNY	
A I	4 4	14. BIRTHPLACE (city or town) 1000 1000 1000	Name of operation Date of
	12	(State of country)	What test confirmed diagnosis? Was there an autopsy?
A	in ant	15. MAIDEN NAME // // // // // // // // // // // // //	23. If death wes due to external causes (VIOLENCE), fill In elso the following:
	be careful EATH in p important.	State of country	Accident, suicide, or homicide? A. Walland Deterof injury // 1, 19 3/2. Where did injury occur?
	ld be ca DEATH y import	17. INFORMANT CHANGE AT KNAWLS	(Specify whether Injury occorred in INDUSTRY, in MOME, or In PUPILIC PLACE
PL	should OF D	(Address) AMANUL	Mylva Bathma Black-
TE	_ G .#	18. BURIAL, CREMATION, OR REMOVAL Place 1. Date Duty 19 193/	Menner of injury 2 / low way was fall the
WRITE	mation s CAUSE TION is	The Malled	Neture of Injury.
	100	19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased?
E B	R	20. FILED MLY 18, 1936 & 19 SHAVSIN	(Signed)
. 2	U	Registrar.	(Address)
		If more blanks are needed, address State Registrar, 2	2422 N. Charles Street, Baltimore, Requesting U. S. No./z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PSHIBITAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	OF MAR	YLAND-	CERTIFICATE OF DEATH	7583
1. PLACE OF DEATH	6111		3	103
County 2 13 to hard			Registration Dist. No. 📿	X 2
Village or City // //	angu		No.	St.,Ward
Langth of residence in city of town who	re death occurred	yrs	death occurred in a hospital or institution, give its NAME instead of streets	eet and number)
2. FULL NAME TOTAL	Il House	& A sol	If U. S. Veteran, specify WAR	
(a) Residence: No.	- barto file	hd		
(a) nestactice. No.	(Usual place	of abode)	St., Ward. If nonresident give city or to	wn and State
PERSONAL AND STATIS	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 6	193/2
5a. If married, widowad, or divorced HUSBAND of			(Month) (Day)	(Yeer)
(or) WIFE of	1		22. I HEREBY CERTIFY, Thet I et	
	hill 6-1	936	, 19, to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	X Days	I If LESS than	l lest saw h aliva on	9; death is said
	A Cays	1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of important	re
8. Trada, profassion, or particular	VI.	ormin.	were as follows:	Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc			0 . 0	
9. Industry or business in which	_	1/2	Hall maril	
work was done, as SILK MILL, SAW MILL, BANK, etc.	1			
10. Date dacaased last worked at this occupation (month and year)	11. Total ti	ime (yaars) nt in this		
1/1/8	varinza!	pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stete or country)	A-man	4,	And the And the of	
1 WY CO	Weit Whom's	Pall,	- Allyny Jan Mpmms	JM4/1-3
E	TVanni	20.00		(A
4. BIRTHPLACE (city or town) (State or country)	A A KIA	tol,	1//	te of
Enter 100	10818.11. hs	sim .	What test confirmed diagnosis? Wes the	
	TVAUNT MI	7 111	23. If deeth was due to external causas (VIOLENCE) fill in elso tha fo	
Stata or country)	The state of the s	W.	Accidant, suicida, or homicide? Date of Injury_ Whara did Injury occur?	, 19
17. INFORMANT TIM Walke	11 / Hold		(Specify city or town, county a Specify whather injury occurred In INDUSTRY, In HOME, or In PUBL	ind State)
(Address)	Mann IN		open, matter injury occurred in Problem, in Home, of in Pobl	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 Rheli	17 1/	Mannar of injury	
Pleca DA FUITUM	Dete X MM		Neture of Injury	
19. UNDERTAKER MOUNTAIN	VMPKIM	V	24. Was disease or injury in any way ralated to occupation of daceas	ed?///
(Address)	1/2 amed		If so, specify A. A. A. P. J. J. J.	
20. FILED MM 6 193/2 X	The July	usun	(Signed) A. I. D. S. MANN	M. D.
// / + • • • • • • • • •	W/	Registrar.	(Address)	
If me	ore blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related caus of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7584
1. PLACE OF DEATH	3
County A. Algrey's	Registration Dist. No. 257
Village or City n. Woleandrown	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sulleton free	loon.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ruly 11/36	last saw has afre of the bell (1 , 19 3 C death is said
7. AGE Years Mopths Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 130 Gm. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	were as follows: Dstaolonset
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Mercalling / Direk
12, BIRTHPLACE (city or town) Led (State or country)	Other Contributory Causes of importance:
13. NAME (Irelian relien)	
13. NAME (Cluster) 14. BIRTHPLACE (city or town) (State or country)	Name of operetion Oate of What test confirmed diagnosis? Was there an autopsyl
# 15. MAIOEN NAME Blick Gorces	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME SUCCE STORES 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT William precess	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place Date 7/11, 19	Manner of injury
19. UNOERTAKER Unilians Vilians (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 7/11 , 1936 Causels Registrar.	(Signed) (Address) Calabora M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1 m of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

proy	do-	0	P	er.
1	2	0	b.	Ъ
	U	0	4	y

1. PLACE OF DEATH		82-20)	
County St Many		Registration Dist. No. 25/	
Village or City	Carry Lis	No. St., death occurred in a horpital or institution, give its NAME instead of street and number of the street and number	-
2. FULL NAME Mary, B	lindais		
(a) Residence: No. (Us	sual place of abode)	St., Ward. If nonresident give city or town and Stat	
PERSONAL AND STATISTICAL F		MEDICAL CERTIFICATE OF DEATH	
Finale White Wie	LE, MARRIED, WIOOWEO, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) 19	3.6 (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Charles Line 6. DATE OF BIRTH (month, day, and yeer)	lair - 24, 1877	22. I HEREBY CERTIFY, That I attended dece	eased from 19.36
7. AGE Years Months 9	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, etm. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	home 1. Totel time (yeers) spent in this occupation	Eischal Hemorrhage V	111/36
12. BIRTHPLACE (city or town) At Gray (State or country)	is Inland	Other Contributory Causes of importance: On time to de	1725
13. NAME 14. BIRTHPLACE (city or town) (State or country)	es deland	Name of operation Date of What test confirmed diagnosis? Was there an autop	
15. MAIOEN NAME Estate 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	ben	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OR REMOVAL Place The Company of the Date	they poly 15, 1936	Menner of injury	
19. UNOERTAKER WAS CARREST (Address) 20. FILEO 214, 19:4	Man Med Registrar.	24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	1	Example 11	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEEE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
BUREAU V.	S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ac. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cobb. whatever, write None. business, that fact may be indicated thus; Farmer work, or At Home, and children, not gainfully enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know fulness of various pursuits can be known. The questo report specifically the occupations of persons end household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of occ," etc., Foreman, For many occupations a without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on (b) Grocery;

spinal meningitis"; Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EA I CAUSING DEATH (the primary affection with respect. Statement of Cause of Death-Name, first, the Discourse pneumonia, Bronchopneumonia ("Pneumonia,

> Examples: Accidental drowning; Struck by railway train— accident; Revolver wound of head—homicide; Poisoned by carpplic acid - probably suicide. The nature of the injury, Letainus) may be stated under the head of "contributory." Andrican Medical Association.) as tracture of skull, and consequences (e.g., sepeis, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Eihaustion," "Heart failure," "Taemorrhage," stated unless important. inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Chronic interstitial nephritis, Whooping cough; Lent; Revolver wound of head-homicide; Poisoned by qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) Chronic Example: Measles (disease etc. The contributory affection need valvulor heart disease;

this certificate is looked over thoroughly and all questions red in detail, it will prevent further correspondence. All the se essential and must be obtained before the certificate is whenly filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

MANENT RECORD. Every item of infor-	ACTLY. PHYSICIANS should state	assified. Exact statement of OCCUPA-	
IIS IS A PERM	be stated EX	be properly cl	of certificate.
3WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	23
County St. Many	Registration Dist. No. 20
Village or City/ Waratour	NoSt.,
Length of residence In city or town where death occurred 39	(If death occurred in a hospital or institution, give its NAME instead of street and number, mosds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Tourist H	True /
	ezen St. Ward.
(a) Residence: No. (Usual place of abo	
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (wm	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceese
6. DATE OF BIRTH (month, day, and year)	897 Hat saw her alive on Bull 24 19 36 death
	If LESS than to have occurred on the date stated above, atm,
20 1/ 1/ 28 10	ay,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Frade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 / ullee oran fullereller
< 1 9 Industry or business in which	
work was done, es SILK MILK, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	pare)
this occupation (month and spent in t	his the second of the second o
m d	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME altred drew	
14. BIRTHPLACE (ctry or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there en autopsy
15. MAIDEN NAME Sleavy a Ogicte 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 1
∑ (State or equntry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 11. 10. More of the contract of	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place L. L. L. Hung Hells Date 1	Nature of injury
19. UNDERTAKER UM 6 Maniero	24. Was disease or injury in any way related to occupation of deceased?
(Address) levracototes	If so, specify
20. FILED 7/20 136 Quecale	es (Signed) O./ Called U. Callege
	Registrar. (Address) & Claudin

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	- 1	Example II	
The principal cause of dea of importance were as foll	th and related causes	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG 4 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DUDEATT V. S	July 5,1927	Peritonitis	3 days ago
	BURCAG			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year